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ABSTRACT

Prepared for the mental health professional or administrator who is involved in the planning, developing, or implementation of an automated information system in a mental health environment, this guide is limited to the electronic processing and storage of information for management and clinical functions. Management application areas include bookkeeping, appointments, payroll, patient census, and client profiles; the clinical applications focus on diagnosis, testing, history taking, progress reports, simulation, and psychotherapy. Eackground information includes discussions of the advantages of government information; public policy trends in mental health information; and privacy, confidentiality, and mental health information systems. The remainder of the document comprises an annotated guide to the following types of information resources: (1) monographs and articles; (2) bibliographies and abstracts; (3) agencies, clearinghouses and public inquiry programs; (4) research and grants information; and (5) principal investigators of past and present National Institute of Mental Health sponsored research. Acquisition and ordering information for government documents is included (LMM)

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COMPUTERS AND MENTAL HEALTH CARE DELIVERY

A Resource Guide to Federal Information

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August 1983

IR010902

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I. INTRODUCTION

This resource guide has been designed to assist the reader in acquiring from the Federal government information about the use of computers in mental health care delivery. It has been prepared for the mental health professional or administrator who is involved in the planning, developing or implementation of an automated information system in a mental health environment. Although computers have been applied to a wide variety of mental health care functions, this guide is limited to the electronic processing and storage of information for management and clinical functions. Management application areas include bookkeeping, appointments, payroll, patient census, client profiles and other reports, while clinical application areas include diagnoses, testing, history taking, progress reports, simulation and psychotherapy. The settings which may utilize such systems are psychiatric hospitals, outpatient clinics, Community Mental Health Centers or counseling clinics within a social service structure. Applications specifically designed for mental retardation, alcoholism and drug abuse treatment have not been included.

Increased demands on mental health care and the management of its delivery have placed a strain on the functioning of manually operated information systems. Computer technology has been called upon to assist in meeting the information needs of both managers and clinicians. For the manager, the importance of timely, accurate information to support internal management and clinical decisionmaking has been acknowledged. While for the clinician, the possibilities for not only improved clinical decisionmaking, more accurate diagnosis and up-to-the-minute reports are apparent but also the possibility of psychotherapeutic programs.

However, many mental health professionals are not equipped to deal with the technological aspects of acquiring automated systems. Systems analysts, designers and computer hardware vendors are hardly familiar with mental health care systems, yet mental health professionals and managers need to be able to communicate their information needs in a language these individuals can understand. Although the computer has been utilized in mental health settings for over a decade, it is only with the advent of mini and micro computers that smaller agencies and institutions have been able to entertain the idea of automating their information systems.

Information about automated systems for mental health is often dispersed and difficult to track down. The Federal government, having been involved in the development of mental health information systems, is an excellent resource for both formal and informal information. Often overlooked, government resources can provide the professional with a base on which to plan their needs. This guide has been created to increase the user's awareness of and ability to access the various types of government resources available. Included with the guide is ordering and acquisition information located at the end.

The following discussions of public policy in relation to mental health information systems, and the privacy and confidentiality issues involved in such systems, are based, unless otherwise noted in the list of sources consulted, on information drawn from the documents which appear in this resource guide.

II. ADVANTAGES OF GOVERNMENT INFORMATION

The private sector produces a plethora of journal articles and monographs yearly documenting the recent technological developments in mental health care delivery. Although there is no lack of information, there is a lack of centralized access. It is to this function that Federal resources serve by providing clearinghouses, data bases, experts, monographs and subject bibliographies available to the public.

A primary advantage of Federal information is its availability at little or no cost. Many documents are published by the Superintendent of Documents (SUDOC) and may be purchased directly from its Government Printing Office (GPO) at a small cost. Many of these same documents are available free from the issuing agency. A letter or phone call to the National Institute of Mental Health's Public Inquiry Program can bring a selection of documents to your doorstep at no charge.

The passage of the Social Security Act of 1935 and its various amendments throughout the years, along with mental health care legislation, has dramatically increased the amount of documentation required by agencies and institutions. The Federal government has subsequently become involved in the research and development of automated information systems in mental health care delivery. Out of this involvement has come numerous firsthand how-to guides, reports of existing systems and excellent subject bibliographies which index and abstract privately published information. Many of these have been authored by recipients of research grants and contract awards from the National Institute of Mental Health (NIMH) and the National Institute of Health (NIH).

The Federal government is also a resource for more informal types of information. Agency experts may be contacted for timely information about current projects and grant availability. Agency clearinghouses, in addition to disseminating documents, provide referral and query answering services. These clearinghouses act as intermediaries between the Federal agencies they serve and the public. They have been established to centralize the acquisition of documents in a particular subject field so as to enable the public access to government sponsored information resources.

Public policy and legislation has had a major impact on the development and proliferation of automated information systems in mental health care delivery. A major issue in the utilization of such systems is the possible violation of an individual's privacy. Confidentiality of information must be established and maintained when it is in the interest of the privacy of the individual. However, the public policy necessary to insure that privacy and confidentiality are maintained is ambiguous. The Federal government has produced much information regarding these issues in the form of numerous laws, hearings, reports and documents available to the public.

This guide intends to provide the user with recent documents, grant resources, relevant agencies and clearinghouses to which the user may turn for information. It is not intended to be an exhaustive listing of government resources, as many documents are either outdated or only peripherally appropriate. A discussion of public policy trends in mental health information, as well as the privacy issue, has been included.

III. PUBLIC POLICY TRENDS IN MENTAL HEALTH INFORMATION

The need to keep track of patients, staff, costs, requisitions and dispositions has always existed in mental health care facilities. However, the expanded scope of mental health treatment along with the external demand for data has dramatically increased the need for data collection. Manual systems of record management are giving way to the computer with its fast, electronic filing system that can "read" the contents of the stored data and then extract, summarize and tabulate it. This need for rapid processing of data in mental health care settings has and is being impacted by public policy and past legislation.

At the time vast social programs were initiated, the computer was becoming a viable tool for many institutions. The computer allowed for not only the processing of huge amounts of data, but also for a means by which programs and services could be evaluated. What resulted was a spurt of Federally funded research and development of management and clinical information systems, during the late sixties and early seventies. The proliferation of nonstandardized, unsuccessful systems along with political changes meant, by 1974, a sharp curtailment of funding for such projects. It has only been recently that NIMH has renewed its interest and support of these systems.

Although the computer does offer a number of potential uses in mental health settings, its primary focus has been to provide management with the data necessary for accounting, reimbursement, patient census, inventory and so forth. Funding for clinical applications such as automated predictive programs, interview schedules and history taking has been less available and less well-coordinated. Although the computer

has the potential of directly decreasing personnel costs and increasing the quality of patient care and treatment, Federal health insurance and social pressures have effected the trend towards management rather than clinical applications.

The establishment of the National Institute of Mental Health following the National Mental Health Act of 1946 provided the necessary leadership for coordinating the collection of statistical data. Steps were taken to establish uniform reporting procedures and to foster the statistical analysis of the resulting data. By 1963, 35 states, having some sort of central reporting system using data processing equipment for their state mental hospitals, were a part of NIMH's Model Reporting Area for Mental Hospital Statistics established in 1951.

Recognizing the need for the development of information systems and the need for an initial high level of financial support for such development, NIMH spent approximately $1.5 million per year over a seven year period from 1968 to 1974 for the development of computerized mental health information systems. The main thrust of the funding went to the development of a Multi-State Information System (MSIS) which would be readily transferable to all mental health agencies.

The trends in mental health treatment has had a dramatic impact on the need for automated information systems. The advent of psychoactive drugs in the mid-fifties shifted the patient population from state hospital to the community. The resulting Community Mental Health Center Act of 1963 (PL88-164) made it necessary to track patients as they moved through a variety of treatment settings. The statistical data needed to describe the mental health care delivery system became

increasingly complex as the number of diverse treatment modalities and resources increased. Traditional data collection methods proved less and less effective.

The 1975 Community Mental Health Center Act (PL94-63) required CMHC's to establish an integrated medical records systems. Requiring that not less than 2% of the funds allocated each year must be used to develop such systems meant a forced systematic collection and analysis of operational information for program evaluation. This act also allowed NIMH to retain 2% of all CMHC appropriations for providing technical assistance to help improve the management and administration of the centers. This authorization allowed NIMH to take the leadership in the development of standardized information systems.

Most recently the Mental Health Systems Act (PL96-398) of 1980 provided the funding to enable the States to improve the management of their mental health services. Being left responsible for collecting and providing information to the Secretary of the Department of Health and Human Services, awards would be granted on a formula basis for data collection, data analysis, research, evaluation and reporting activities.

The reimbursement programs of Titles 18 (Medicare), 19 (Medicaid) and 20 (Social Security Reimbursement) of the Social Security Act of 1935 have indirectly effected the development of automated information systems in mental health settings. The financial problems caused by these programs forced institutions to devote a great deal of energy to the development of effective information systems. The cost of these systems could be shifted to the patient which was in turn shifted to the Federal government. However, the Social Security amendments of 1972

(PL92-603) allowed for payments to be made to the States under Medicaid for the installation and operation of claims processing and information retrieval systems.

Although public policy has provided mental health care agencies with sporadic support for their information needs, there has been no overall policy. NIMH is only recently providing the impetus necessary to expand and develop the information systems of mental health care delivery. The priorities and the methods chosen to make the systems available in this expansion and development are yet to be discerned. One would hope for the increased participation of the mental health community with the Federal government in the development of standardized, effective, humane systems.

IV. PRIVACY, CONFIDENTIALITY AND MENTAL HEALTH INFORMATION SYSTEMS

Psychiatric data generated by the patient-clinician relationship has long been considered to be sensitive information. The concern about who should have access to this information stems from the basic conflict between the right of society to certain information that will contribute to its good and the individual's right to privacy. It is trust which forms the basis of a therapeutic relationship--trust that the information the client shares with therapist will not be disclosed either purposely or accidently to anyone other than those parties who are designated by the client. Disclosure of information is acceptable when thought beneficial to the client, but it is harmful when data is accessed by those not interested in the best interests of the client. The unwarranted use of psychiatric information to deny employment or for defamatory purposes are examples.

The growing use of computers for both patient care and institutional management raises serious questions about who should and who is able to access psychiatric data. Although not new issues, patient confidentiality and privacy have become even more complex when dealing with the increased technological capacities of automated information systems (Mezzich, 461). Further, local, state and Federal government along with third parties need access to particular patient data creating a plethora of personnel who may not be bound by ethical codes of confidentiality but who have access to private information that is potentially harmful. How are individuals provided with real privacy in a society where the thirst for information is ever-increasing?

Can the therapist offer confidentiality in the face of these ever increasing demands on his or her own "data bank"?

Safeguarding data in any sort of mental health information system involves the concepts of privacy, confidentiality and security. Privacy is the individual's right to control his or her personal information, while confidentiality refers to the agreement between two parties not to disclose information given from one to the other without the consent of the person giving the information. The procedures and techniques used to provide the desired level of confidentiality are known as security meansures. In an automated system security measures can be programmed into the computer to prevent unauthorized access.

Confidentiality is the foundation of the therapeutic relationship. Disclosure of sensitive information can only be done in trust. The maintenance of confidentiality is the source of the patient's right to privacy. But what measures provide for confidentiality when so many other persons are both involved in the patient's care, treatment and record keeping? Ethics and professional codes are the informal measures, such as the Hippocratic oath, the ethical code of the AMA, the National Association of Social Workers, the American Psychiatric Association, the American Psychological Association, the American College of Hospital Administrators and the American Medical Record Association provide the professions with an informal means of protecting the patient's privacy. Even so, Dr. Beigler of the American Psychiatric Association reported before the House Committee on Government Operations Hearing, The Privacy of Medical Record, that information has been obtained by employers, insurance companies and credit companies without the consent of the

patient and used for harmful purposes. It is the professional codes that form the most significant means by which privacy is maintained. This is due to the general inability of policy and law makers to make psychiatric records confidential by law. The clinician-patient relationship is not recognized as confidential by any Federal statute, although privacy may be protected in court decisions through interpretation of the Bill of Rights. The Privacy Act of 1974 in response to years of debate and investigation into the misuse of information in Federal data banks, mandated the protection of personal data recorded by Federal agencies. Although it does not apply to local or State governments or to private agencies, its legislative history increased lawmakers' awareness of the dangers of the collection, storage and retrieval of personal information using computerized systems.

It is the State governments that have legislated both practitioner-patient confidentiality and the security of automated records. Although the States have not provided blanket protection, some privacy and confidentiality laws have been enacted, e.g. the State of Illinois "Mental Health and Developmental Disabilities Confidentiality Act" of 1979. New York State Civil Practice Law, Section 4504-8 contains provisions regarding the clients' confidential communication to the professional physician, psychologist or social worker, while the Public Health Law, Section 2805-g preserves the confidentiality of medical, social, personal or financial records of patients within a hospital. Further, New York in 1972 passed section 79j of the Civil Rights Code which protected the privacy of records within the Multi-State Information System.

These varying levels of confidentiality have left the individual unsure of his or her right to privacy, as well as the institution or practitioner unsure of needed protective measures. It is likely that professional codes of ethics are currently the most meaningful measures by forcing individual agencies and practitioners to take it upon themselves to limit the type of information included in a psychiatric record, to limit the access to the records, to remove information after it is no longer needed or is valid, to provide the client with the right to know the nature of his or her record, and to provide security measures for manual and automated information systems. Given the type of information with which mental health records deal, protecting the clients' privacy will continue to be a problem beyond the scope of professional ethics. Insurance and employment problems in relation to the processing of insurance forms and the increasing pressure from law enforcement agencies to have access to records are all impacting the nature of dilemma between societal and individual rights.

Government publications providing more information regarding relevant legislation, policy issues and agency awareness of privacy and confidentiality can be found in section VI.

V. SOURCES CONSULTED

Computers in Psychiatry/Psychology. (26 Trumbull Street, New Haven, CT) 5, Summer 1983.

Laska, Eugene M., and Bank, Rheta, ed. Safeguarding Psychiatric Privacy: Computer Systems and Their Uses. New York: John Wiley & Sons, 1975.

Mezzich, Juan, Don, John T. and Coffman, Gerald A. "Developing an Efficient Clinical Information System for a Comprehensive Psychiatric Institute: I. Principles, Design, and Organization." Behavior Research Methods and Instrumentation. 13 (no. 4, 1981): 459-463.

Sidowski, J.B., Johnson, J.H. and Williams, T.A., ed. Technology in Mental Health Care Delivery Systems. Norwood, NJ: Ablex, 1980.

U.S. Department of Health and Human Services. National Institute of Mental Health. Computers in Mental Health: A Review and Annotated Bibliography. (Mental Health Service System Reports Series FN no. 7) Washington, DC: U.S. Government Printing Office, 1981, pp. 1-24.

RESOURCE GUIDE

VI. MONOGRAPHS AND ARTICLES

This section is a compilation of documents primarily written for the mental health administrator/manager to aid in the process of planning, designing and implementing an automated information system. Clinical information systems and programs are documented more widely in the private literature, while the Federal government is more concerned with management information systems. For more comprehensive coverage of both private and government published documents dealing with both clinical and management applications, the section "Bibliographies and Abstracts" should be consulted.

Management Applications

**"Microcomputers and Human Services." SHARING (July/August 1983).

Summary: A special issue of the Project SHARE Newsletter devoted to the use of micros in human service agencies. Articles cover getting started, applications, networks, and suggested readings.

Issue available from Project SHARE at no cost.

**National Institute of Mental Health. Automated Management Information Systems for Mental Health Agencies: A Planning and Acquisition Guide, by John A. Paton and Pamela D'huyvetter, Mental Health Service System Reports; series FN, no. 1, 1981. (DHHS Pub. Adm. 80-779)

Summary: Designed for mental health program managers and their staff to guide the planning and acquisition of automated management information systems. Introduction to the necessary vocabulary for working with systems designers and vendors is included.

Available from NIMH, Public Inquiry Program
Also available from Superintendent of Documents

SUDOC #HE20.8110/2:FN/1
s/n 017-024-01002-2
Price: $6.50

**National Institute of Mental Health. A Client-Oriented System of Mental Health Service Delivery and Program Management: A Workbook and Guide, Mental Health Service System Reports; series FN, no. 4, 1980. (DHHS Pub. ADM 80-307)

Summary: Although designed as a guide to clinical and program decision-making, it serves as a guide to the design of information systems to support the decision-making process. Describes procedures for collection, processing and using data on clients served, staff activities, cost accounting and measures of client outcomes.

Available from NIMH, Public Inquiry Program
Also available from Superintendent of Documents

SUDOC #HE20.8110:FN/4
s/n 017-024-00523-1
Price: $2.00 (may not be current)

**National Institute of Mental Health. Definitions for Use in Mental Health Information Systems, 1980. (DHHS Pub. ADM 80-833)

Summary: Report provides a dictionary of operational definitions of the terms most commonly used in mental health organizations at the Federal, state and local levels and applicable to both the public and private sector.

Available from NIMH, Public Inquiry Program
Also available from Superintendent of Documents

SUDOC #HE20.8102:D36
s/n 017-024-00972-5
Price: $4.75

**National Institute of Mental Health. The Design of Management Information Systems for Mental Health Organizations: A Primer, by Robert L. Chapman, Mental Health Service System Reports; series FN, no. 5, 1980. (DHHS Pub. ADM 80-333)

Summary: Guide for mental health personnel to follow in identifying their information needs and in documenting these needs in a manner which facilitates the work of systems analysts in designing efficient automated information systems.

Available from NIMH, Public Inquiry Program
Also available from Superintendent of Documents

SUDOC #HE20.8110:FN/5

**Project SHARE. Cultivating Client Information Systems, by Gary E. Bowers and Margaret R. Bowers. Human Services Monograph #5, 1977.

Summary: Study attempts to consolidate the major findings from 350 reports of human service information systems and provide guidance in the use of these documents. The final section contains abstracts of 214 Project SHARE documents concerned with client information systems

Available from NTIS
-Order no. SHR-0100501
-Price: $25.00

**Project SHARE. Microcomputer Applications in Human Services, by James B. Taylor and Jacque Gibbons, Human Services Monograph #16, 1980.

Summary: Directed at the reader who is familiar with human service work but unfamiliar with automated data processing, or systems analysis, this monograph contains useful information on software selection, systems design and evaluation.

Available from Project SHARE
-any 1 - 3 documents $4.00

**Project SHARE. Planning and Implementing Social Service Information Systems: A Guide for Management and Users, by Barbara Cotter, Human Services Monograph #25, 1981.

Summary: This monograph deals with the design of a social service information system by identifying critical elements, effective strategies and potential pitfalls in the planning, implementation and utilization of such systems. Purpose of information is to help administrators and users avoid problems already faced by similar agencies.

Available from Project SHARE
-any 1 - 3 documents $4.00

Also available from NTIS
-NTIS Report 82-201450
-$17.50

**Thompson, Mark E. "Training to Deal with High Technology," Management 21 (Winter 1981): 10-11.

Summary: This article published in an Office of Budget and Management journal describes the need for those working with automated data processing systems to know how the system works. The current dicotomy of technician and manager can be detrimental to the safeguarding of information within the system.

Article available through local libraries either directly or through interlibrary loan.

Clinical Applications

**LaBrie, Richard. "Drug Intake Monitoring and Evaluation System (DIMES): Computerized Drug Monitoring," Psychopharmacology Bulletin 15 (April 1979): 31-3.

Summary: A computerized drug monitoring system provides continual feedback to the mental health professional by the use of reminders based on the most current knowledge. This system developed in response to the growing concern by interest groups regarding the administration of psychoactive drugs.

Available through local libraries via interlibrary loan or medical libraries. Journal published by NIMH.

**Lithium Information Center," Psychopharmacology Bulletin 14 (April 1978): 3.

Summary: A computerized lithium registry developed at the University of Wisconsin, Madison provides clinicians and researchers with the most up-to-date information on the use of this drug. The registry is accessible via computer terminal, mail or telephone.

Article available through local libraries via interlibrary loan or medical libraries. Journal published by NIMH.

**National Institute of Mental Health. Artificial Paranoia, by Jim Warren, NIMH Program Report, 1972, 1978. (DHEW Pub. ADM 78-332)

Summary: Dr. Kenneth Mark Colby's model PARRY with its ability to recognize natural language aided the identification and description of the patterns of paranoid thinking.

Available from Superintendent of Documents

SUDOC #HE20.8102:P21/2
s/n 017-024-0076706
Price: $3.50

Privacy, Confidentiality and Security

Discepolo, Anne-Marie G. Computer Security Bibliography. Bedford, MD: Mitre Corporation, 1980, 33 pages.

Summary: This is a categorized bibliography of published reports and papers on computer security.

Available from: NTIS
-NTIS Report AD-A108 827

Hiller, Marc D. and Lee F. Seidel. "Patient Care Management Systems, Medical Records and Privacy: A Balancing Act," Public Health Reports 97 (July-August 1982): 332-345.

Summary: State-of-the-art discussion of privacy issues in relation to medical records. Integration of management and clinical information systems has made complete medical records accessible to many individuals who have no been sensitized to the issues of privacy and confidentiality. Policy considerations are included with attention to balancing the needs of the patient, the institution and society.

Available at most medical and academic libraries or via interlibrary loan.

**Project SHARE. Planning and Implementing Social Service Information Systems: A Guide for Management and Users, by Barbara Cotter, Human Services. Monograph #25, 1981.

Summary: Chapter Five reviews the general issues of privacy, confidentiality and security. Practical measures to safeguard information such as expungement of records when necessary are included along with the necessary security measures for an automated system.

Available from Project SHARE
- 1 - 3 documents $4.00

Also available from NTIS
-NTIS Report 82-201450
-$17.50

U.S. Bureau of the Censes. Information, Privacy and Statistics: A Topical Bibliography, by Tore Dalenius. (Bureau of the Census Working Paper no. 41) Washington,D.C.: U.S. Government Printing Office, 1978.

Summary: This bibliography includes both private, Federal and Canadian government citations. Citations refer to the general issues of privacy and computer systems, legislation, statutes, regulations, protective measures, techniques and issues in specific settings, e.g. mental health care.

Available from Superintendent of Documents
SUDOC #C3.214:41

Also available from Subscriber Services (Publications)
Bureau of the Census
Washington, D.C. 20233
Price: $2.25

**U.S. Department of Commerce. National Telecommunications and Information Administration. Privacy Protection Law in the United States, by Robert Aldrich. Washington, D.C.: U.S. Government Printing Office, 1982. (NTIA Report 82-98)

Summary: This report discusses the major characteristics of the privacy protection law in the U.S. Presented to the Working Party on Information, Computer, and Communications Policies of the Organization for Economic Cooperation and Development (OECD) in October 1981, it was originally prepared after OECD's adoption of "Guidelines Governing the Protection of Privacy and Transborder Flows of Personal Data". Two appendices include a partial list of U.S. privacy laws and a somewhat detailed description of particular privacy laws covering private sector record-keeping.

Available from Superintendent of Documents

SUDOC #C60.10:82-98
Item 126-D-3 (fiche)
s/n 1016

Also available from most Federal Depository Libraries.

**U.S. House of Representatives. Committee on Government Operations: Privacy of Medical Records. Hearings. 96th Congress, 1st session. U.S. Government Printing Office, Washington, D.C., 1980.

Summary: Includes statements by professionals in the medical, mental health, administrative and record keeping professions regarding the abuses of medical and mental health information systems. Pages 1129-1140 include a statement of Dr. Jerome S. Beigler, of the Committee on Confidentiality of the American Psychiatric Association.

Available from Superintendent of Documents
SUDOC #
s/n
Price:

Also available from most Federal Depository Libraries.

VI. BIBLIOGRAPHIES AND ABSTRACTS

The federal government publishes many excellent subject bibliographies providing the interested reader with not only a good information resource but often concise background reviews. The following bibliographies are concerned with the use of computers in mental health, health and social service settings. The Hedlund bibliography Computers in Mental Health is the most comprehensive and mental health specific title included in this list.

**National Institute of Mental Health. Computers in Mental Health: A Review and Annotated Bibliography, by James L. Hedlund, et al, Mental Health Service System Reports; Series FN, Information Systems, No. 7, 1981. (DHHS Pub. ADM 81-1090)

Summary: Conducted by the Mental Health Systems Research Unit of the Missouri Institute of Psychiatry this bibliography and review covers state-of-the-art applications of the computer to mental health and mental retardation. The 24-page review discusses cost implications of automated systems, trends, evaluation of the technology and public policy impact on the development of information systems. The annotated bibliography contains over 1300 relevant citations.

Available from NIMH, Public Inquiry Program

Also available from Superintendent of Documents

SUDOC #HE20.8110/2:FN/7

**National Institute of Mental Health. Mental Health Administration: An Annotated Bibliography, vol. II, edited by Saul Feldman, the Staff College Publication Series in Program Management, 1981. (DHHS Pub. ADM 81-1155)

Summary: An annotated bibliography on materials specifically related to mental health administration from 1976-1980. Covering over 700 entries categorized under various headings including management information, accountability and evaluation, and political and legal issues.

Available from NIMH, Public Inquiry Program
Also available from Superintendent of Documents

SUDOC #HE20.8113:M52/982

**National Technical Information Service. Medical Information Systems: Applications and Evaluation, 1973-April, 1982 (Citations from the Engineering Index Data Base), 1982.

Summary: Bibliography contains citations concerning the applications of computer based information systems in hospitals, clinics, laboratories and doctor's offices for data recording and reporting of patient medical and accounting records. Microcomputer systems are discussed.

Available from NTIS
-PB82-865361
-$17.50

**National Technical Information Service. Medical Information Systems, 1976-March 1982 (Citations from the International Information Services for the Physics and Engineering Communities Data Base), 1982.

Summary: Bibliography contains citations concerned with data acquisition, storage and retrieval of medical information and the availability of systems for these purposes. Also described are automated diagnostic and referral programs, along with documents relating the importance of patient data protection and patient confidentiality.

Available from NTIS
-PB82-864216
-$11.50

**Project SHARE. Computers in Human Services. Human Services Bibliographies, FORTHCOMING fall 1983.

Available from Project SHARE
-price unavailable at this time

**Project SHARE. Information Systems for the Human Services. Human Service Bibliographies #30, 1981.

Summary: The 48 documents presented in this bibliography provide a representative sample of the available literature on the use of computerized information systems in day care, education, public assistance, community and mental health and local government settings. Issues of privacy and confidentiality are related to by these documents.

Available from Project SHARE
-any 1 - 3 documents $4.00

Also available from NTIS
-Order no. SHR-020-3401
-Price: $8.50

**Project SHARE. Journal of Human Services Abstracts.
Issued quarterly.

Summary: Each issue announces 150 of the documents included in the Project SHARE automated data base. It is divided into 4 parts: abstracts, authors, alphabetical list of documents and subject index. Subject headings, useful in locating relevant abstracts, are "computerized data and management information systems" and "data collection and management for computerized data and information systems." Information on ordering the abstracted documents is also provided.

Available at libraries (academic, public)
Also available directly from Project SHARE

**Project SHARE. Technology Transfer and the Management of Human Services. Human Services Bibliographies #32, 1981.

Summary: Bibliography containing resources selected to reflect recent research, demonstrations, transfer of technology experiments in the human services field. It is an aid to determining what technologies are available for transfer, as well as how that transfer might be effectively implemented.

Available from Project SHARE
-any 1 - 3 documents $4.00

**Project SHARE. Trends in Mental Health Services Coordination.
Human Services Bibliographies #7, 1977.

Summary: Documents presented reflect current trends in mental health services planning, administration and delivery. Documents dealing with issues such as privacy and confidentiality are covered.

Available from NTIS
-Order no. SHR-0200701
-Price: $10.00

VII. AGENCIES, CLEARINGHOUSES AND PUBLIC INQUIRY PROGRAMS

Federal agencies involved in the research and development of mental health information systems primarily come under the Department of Health and Human Services. Although it has been the National Institute of Mental Health that has provided most of the support, various branches of the Public Health Service have also been involved. These branches have included the Health Resources Administration and Health Services Administration (now the Health Resources and Services Administration) along with the National Institute of Health.

This section primarily contains the various offices and branches of NIMH. Specific contact persons have been included and may be contacted directly for timely information on grant availability and project updates.

Clearinghouses and public inquiry programs have also been included. Clearinghouses have developed in response to the Federal mandate requiring the gathering of information in particular subject areas. Federal agencies have established information clearinghouses to facilitate the acquisition, organization and dissemination of relevant agency information. In many cases, the information or the document surrogate is stored in a computer database. There agency databases provide both government and public access to the information acquired and produced by that agency via computer searches.

Current policy has stressed the need for the clearinghouse to recover its costs. This policy has meant the curtailment of services provided by the National Clearinghouse for Mental Health Information at NIMH. The in-house database, Mental Health Abstracts, has been sold

to Plenum Publishing Corporation. The database is available through Lockheed's information retrieval system, Dialog. Database searching is no longer performed for the public, outside inquiries are now handled by NIMH's Public Inquiry Program.

**National Health Information Clearinghouse
Office of Disease Prevention and Health Promotion
Public Health Service
U.S. Department of Health and Human Services
Department GGG
P.O. Box 1133
Washington, DC 20013
1-800-336-4797

Description: Responsibilities include responding to public and professional requests for health information. Currently, the clearinghouse is compiling a bibliography of health-related microcomputer software for home and school. Although at present there are only two mental health-related programs included, they do plan to include others. The bibliography is available by calling the toll free number listed above.

**National Institute of Mental Health
Alcohol, Drug Abuse and Mental Health Administration
U.S. Public Health Service
5600 Fishers Lane
Rockville, MD 20852

Description: Part of the Alcohol, Drug Abuse, and Mental Health Administration, NIMH conducts and supports research on the various aspects of mental health and illness including the development and improvement of service delivery. NIMH provides the administration, management, policy development, planning and evaluation and public information services necessary to implement its various programs. There are numerous divisions within NIMH which support the development of automated information systems for mental health care delivery. Described below are a Public Inquiry Program and three branches of the Biometry and Epidemiology Division. This division is most aware of and involved with computerized information systems. Although other divisions within NIMH are also from time to time involved, it is the staff of Biometry and Epidemiology who can provide the most timely information.

*Clinical Services Research Branch
Division of Biometry and Epidemiology
National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20852
(301) 443-3364

Barbara Burns, Branch Chief
Larry Kessler, Statistician

Description: Although not as involved as the Services Research Resources Branch, this branch has provided support for clinical information systems. Dr. Kessler can direct inquiries to other divisions involved with clinical applications.

**Public Inquiry Section
Division of Scientific and Public Information
National Institute of Mental Health
Room 15C-17
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4513

Carrie Lee Rothgeb, Deputy Director

Description: This division maintains a public inquiry program which answers general questions and disseminates institutional publications. They will provide single copies of all NIMH documents free of charge to the public.

*Services Research Resources Branch
Division of Biometry and Epidemiology
National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20852
(301) 443-3685

Cecil Wurster, Branch Chief
Ken Lutterman, Associate Director
Walter Leginsky, Statistician

Description: The development of computerized management information systems are within the domain of this branch. As chief, Dr. Wurster, has been a long time proponent and investigator of management information systems for mental health agencies. The MIS (management information system) prototype is currently being developed through the guidance of this branch. Although designed with Community Mental Health Centers in mind, the prototype will be available and adaptable to other outpatient facilities. Developed for micros with large storage capabilities, the MIS prototype will work upwards.

This branch is responsible for extramural projects funded by the Mental Health Service Systems Research Grant Program and the Small Business Innovations Research Grant Program (See the section on grants for more information).

**Survey and Systems Research Branch
Division of Biometry and Epidemiology
National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20857
(301) 443-3343

Ron Mandersheids, Branch Chief

Description: This branch funds projects that use the computer for modeling and forecasting future needs for staff, and client loads in mental health. Currently, the funding trend is to support "for profit" activities. The "Small Business Initiative" grant provides funds to small businesses to develop microprocessor applications in mental health.

**Project SHARE
National Clearinghouse for Improving the Management of
Human Services
Department of Health and Human Services
Office of the Secretary
Office of the Assistant Secretary for Planning and Evaluation
P.O. Box 2309
Rockville, MD 20852
(301) 251-5000

Vivian Workman, Reference Librarian

Description: Project SHARE was created by the Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation to provide information which can help improve the management of human services. It provides a central location for the sharing of state and local experiences in the planning, management and delivery of human services. Its principal activities include document acquisition, announcement and dissemination.

Publications and services include the following:

- Journal of Human Services Abstracts
- Topical Annotated Bibliographies
- Project SHARE Monographs
- Occasional Papers
- Sharing (Newsletter available free of charge)
- Reference and Referral Services including custom computer searches on the in-house data base

VIII. RESEARCH AND GRANTS INFORMATION

Information concerning past and current research, as well as the availability of federal funds for future projects may be of interest to those involved in the design and implementation of their own systems. Included in this section is a list of sources which identify past and current research awards for the development of MHIS's. Although by no means complete, several sources are included which can provide information about grant availability. The appropriate office to contact concerning grant availability is dependent on the area of mental health care for which computer applications are being developed. Cecil Wurster or Ken Lutterman of the Division of Biometry and Epidemiology (NIMH) can provide more specific information. (See Section VII).

It has been the Department of Health and Human Services which has provided the largest funding support followed by the Department of Defense and the National Science Foundation. It is the DHHS's sub-departments - the National Institute of Mental Health followed by the National Institutes of Health - which have funded the bulk of the research. The Division of Biometry and Epidemiology of NIMH has been, more than any other part of NIMH, involved in the application of computers to various areas of mental health care delivery.

The areas of mental health care delivery which have received the greatest financial support for research and development of automated systems since the mid-1960's include patient assessment, diagnosis, program evaluation, management information systems, modeling and simulation, psychophysiology, research, treatment application and psychological testing (NIH, 1982). Most recently NIMH has sponsored

such projects as "Psychiatric Diagnosis by Computer Interview" conducted by John Griest at the University of Wisconsin and "A Computer Model for Community Support Services" conducted by Steven Leff at Cambridge Hospital in Cambridge, Massachusetts.

There are two types of grant programs particularly relevant to mental health information systems available at NIMH. First, the Mental Health Service System Research Grant Program provides support for research in administration, management and planning of mental health care delivery. Although designed to improve those areas, many such projects may indirectly or directly involve clinical functions. For example, research undertaken to ascertain the impact of computer client interaction would satisfy management needs as well as providing useful information for clinicians. In applying for this type of award, the first step is consulting with the relevant branch within the Division of Biometry and Epidemiology. After this discussion, a brief synopsis of the study is submitted. After feedback has been received, the formal application process begins. After the application is reviewed by a peer review group, a decision to approve, disapprove or defer is made.

The second major type of grant is the Small Business Innovations Research Grant Program recently made available under the current administration to give the private sector the impetus to develop new services and products. These awards are made to small businesses who will then develop particular products which can be marketed to the public. During 1983, a wide variety of applications for this grant were received by the Division of Biometry and Epidemiology. After a review process, two projects were funded. Contact Ken Lutterman at the Division of Biometry and Epidemiology at NIMH for more information.

Described in the first section below are sources for information concerning Sponsored Research that either is currently or was previously funded. In the second section are sources for information about the availability of grants and grant application procedures from the Federal government.

Sponsored Research - Information Sources

**CRISP
Research Documentation Section
Statistics and Analysis Branch
Division of Research Grants
National Institutes of Health
Bethesda, MD 20205
(301) 496-7543

Description: CRISP (Computer Retrieval of Information on Scientific Projects) is a comprehensive data bank which includes all the information listed in the annual editions of the Research Awards Index (see below), as well as fiscal and other project identification items. Data available through CRISP, however, is generally six months behind. Also, the indexing terms used to retrieve data have not been updated since 1966. Inquiries concerning search services should be directed to the above address.

**National Institutes of Health. Research Awards Index: Fiscal Year 1981, 1982

Summary: This two volume set is a good source of information on Federally sponsored research on computer applications in mental health. The research is organized by subject in the first volume, while the second volume contains information about the award recipients. The online database of this index, CRISP, is described above. Reprints of progress reports or other publications may be requested directly from individual grant recipients at the addresses listed in the second volume. The following subject headings are useful in locating relevant subject headings: mental health information; mental health facilities; mental health centers; computer simulation; information systems; health records; biomedical systems automated, health care facilities (systems) information systems; biomedical systems automated, computer assisted diagnosis.

Available at large academic, medical and scientific libraries
Also available from Superintendent of Documents
-NIH Pub. no. 82-200
-SUDOC number unavailable

**Publications and Information Branch
National Center for Health Services Research (NCHSR)
3700 East-West Highway, Room 7-44
Hyattaville, MD 20782
(301) 443-4100

Description: NCHSR undertakes and supports research, demonstrations and evaluations on problems in the organization, delivery and financing of health care services. This branch will provide on request a list of research sponsored by the agency. Although directed primarily at health care, the computer applications sponsored may be relevant to mental health care.

**RGAS (Research Grant Application System)
Office of Policy, Development, Planning and Evaluation
National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20852
(301) 443-3104

Karen Shangraw, Research Program Information Manager

Description: This management of information system can provide a computer printout of current (by fiscal year) research funded by NIMH retrieved by subject keyword. Although primarily an in-house data base, information is provided to the public. The printout provides name, title, funds granted, mental health problem and approaches in both literal and coded form.

Grants Availability - Information Sources

**Division of Biometry and Epidemiology
National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20852

- Services Research Resources Branch (301) 443-3685
- Clinical Services Research Branch (301) 443-3364
- Survey and Systems Research Branch (301) 443-3343
- Center for Epidemiologic Studies (301) 443-3774

Description: This division is heavily involved in the development of automated information systems for mental health care delivery. In particular, the Services Research Resources Branch can provide excellent information on the availability of grants as well as the types of projects formerly and currently being funded.

**Federal Assistance Programs Retrieval System (FAPRS)
Federal Program Information Branch
Budget Review Division
Office of Management and Budget
6001 New Executive Office Building
Washington, DC 20503
(202) 395-3112

Description: FAPRS is a computerized retrieval system whose function is to quickly identify and provide eligibility information on available Federal loan, grant and other assistance programs which may be used to meet development needs. The printed version, the Catalog of Federal Domestic Assistance, is listed below. The searching is not done by the Washington office, but is done regionally in various settings. It is often performed by Cooperative Extension services, as FAPRS was originally part of the Department of Agriculture. The address above can provide the exact locations of search services in your region.

**Division of Extramural Research Programs (DERP)
National Institute of Mental Health
Alcohol, Drug Abuse and Mental Health Administration
5600 Fishers Lane
Rockville, MD 20852
(301) 443-3107

James Moynihan, Associate Director

Summary: This division is comprised of various branches involved in extramural research. By contacting the above address, one can obtain a grant application kit with all the necessary information needed to begin the process.

**Office of Management and Budget. Catalog of Federal Domestic Assistance

Summary: This is the printed version of FAPRS mentioned above. Organized by Federal agency, and published annually with a full update, the Catalog provides access to eligibility information on available Federal loan, grant and other assistance programs which may be used to meet development needs.

Available at most larger libraries

**Publications and Information Branch
National Center for Health Services Research (NCHSR)
3700 East-West Highway, Room 7-44
Hyattsville, MD 20782
(301) 443-4100

Description: NCHSR supports research, demonstrations and evaluations on problems in the organization, delivery and financing of health care services. While not directly involved with mental health care, some areas may overlap. For information on grant application procedures, this branch will supply grant kits.

**Services Research Resources Branch
Division of Biometry and Epidemiology
National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20852
(301) 443-3685

Cecil Wurster, Branch Chief
Ken Lutterman, Associate Director

Description: This branch concerns itself with the clinical and management aspects of computers in mental health care delivery. Both of the individuals listed above are extremely knowledgeable about this area and can provide useful information about grant availability at NIMH.

IX. PRINCIPAL INVESTIGATORS OF PAST AND PRESENT NIMH SPONSORED RESEARCH

Numerous computer applications have been developed for mental health care delivery which were initially sponsored by NIMH. One of the earliest projects sponsored was Camarillo State Hospital begun in 1962. This project proved to be a pioneer in the development of mental health information systems. Although the three-year project proved to be an insufficient timespan to completely develop an automated patient data system for this large mental hospital, it nevertheless demonstrated the feasibility of such an undertaking.

The primary focus of NIMH sponsored research continued to be the development of automated systems to improve patient care, increase the effectiveness of management, improve the use of personnel, build research data bases and facilitate state and national program planning and evaluation by improved data collection. Below are descriptions of several investigators who have and/or are significantly contributing to the progress of automation in mental health care.

**Department of Psychiatry
Clinical Sciences Center
University of Wisconsin-Madison
600 Highland Avenue
Madison, WI 53792
(608) 263-6075

John G[illegible]est, M.D., Professor of Psychiatry
Marjorie Klein, Ph.D., Professor of Psychiatry

Description: This group has been actively involved in research into a variety of computer applications to mental health care. Funded variously by NIMH, NIH, and other sources, this groups' earliest efforts established a computer-based lithium registry known as the Lithium Librarian and a suicide rish prediction program. Currently under development is a computerized interactive history taking and interview scheduling including 20 specific diagnoses using the DSM-III. Both patient interactive and clinician interactive programs have been developed, with the former type taking from 1 to 6 hours to administer and costing approximately $2 to $4 per interview. It is being adapted to an Apple microcomputer with hard disk capabilities. Primarily designed with Community Mental Health Centers in mind, it may be available to other clinics. Software is to be released later this year at a low cost. Other ongoing research includes a study of the impact and acceptability of computer use in clinical settings.

**Institute of Living
400 Washington Street
Hartford, CT 06103
(203) 241-6877

R. Peter Ericson, Director of Hospital Automation

Description: This privately operated inpatient facility began a computerized information system in 1962. During the sixties funding provided by NIMH allowed the Institute to expand the system's functions. The patient information system includes admissions, demographic data, patient movement data, special services, physical examinations, mental status examinations, medications, nursing notes, diagnoses, educational therapy notes, and special behavior notes. The statistical analysis of this information has allowed the development of predictive and evaluative programs such as diagnosis, chemotherapy, predicting and identifying particular behaviors and actions. A hospital information system provides payroll and billing procedures, statistical analysis and scheduling.

**Liaison Department
Information Sciences Division
Nathan S. Kline Institute for Psychiatric Research
Orangeburg, NY 10962
(914) 359-1050, ext. 2515, 2517

Linda Kline, Director
Jackie Franks, Senior Field Service Manager

Description: Formerly known as the Rockland Research Institute, this Institute has developed the Multi-State Information System (MSIS), an automated mental health information system which aids clinician record keeping and administrator's internal management and external accountability requirements. The development of the MSIS has been the prime focus of NIMH funding between 1968 and 1974. It was thought that the work could be a basis for a prototype mental health information system that would be easily transferred to other agencies.

MSIS has provided participating facilities computer storage and data processing. Over 200 facilities are connected via computer terminal to the MSIS computer at the Institute where reports are generated from the main frame to the facilities terminal. A new version, MSIS, 2 provides clinical management, human resource management and fiscal management information systems. MSIS 2 can produce reports reflecting an integration of these three systems. The Institute is now developing a program comprised of the same three systems designed for an IBM personal computer.

X. ACQUISITION PROCEDURES

As mentioned in the Introduction, access to government documents may be made in a variety of manners. Since it is most likely that users of this guide are from the private sector, direct access from the Federal government would be the most likely route. Whenever possible any alternative means of acquiring documents has been included. It is important to note that this guide has attempted to include all possible relevant acquisition information, but in some cases all such information was not readily available. What follows is a description of the various routes available for obtaining the documents listed in this guide.

A. Libraries

Many of the documents and journal articles included in the guide may be found in a federal depository library. These are libraries (usually university, public or law libraries) designated to automatically receive a partial or complete set of documents either in hard copy or microfiche issued by the Superintendent of Documents through the U.S. Government Printing Office (GPO). Libraries file government documents either in a separate section or they are shelved with the main collection. In the latter case, the documents may be accessed by the agency or Congressional committee name. In the former, the documents may be shelved according to the SUDOC (Superintendent of Documents) number and agency name or Congressional committee name. In either case the appropriate information has been included with each entry. In many instances, libraries will have access to a wide range of government documents on microfiche rather than hard copy. It is important to note

that government documents are not copyrighted and may be freely photocopied without restriction. Please consult the government documents and/or reference librarian for assistance.

B. Superintendent of Documents

Not all federal publications are issued by the Superintendent of Documents. However, for those that are they may be purchased directly from the Government Printing Office (GPO). For this reason, a stock number (s/n), SUDOC number (Superintendent of Document's classification number), and a price have been included when possible for each listing. Use the order form included with this guide and send the exact cost of the item with the form to:

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

C. National Technical Information Service (NTIS)

NTIS is a federal agency located within the Department of Commerce. It was established to ease public access to Department of Commerce publications and to scientifical and technical reports produced by other Federal agencies, contractors, and grantees. Many documents included in this guide are available from NTIS. When ordering documents from NTIS include title, accession number (PB or HRA number, etc.), and a check or money order made out to NTIS. NTIS will bill you, but will add on a $5.00 surcharge. Prices are based on the number of pages in the document and those prices listed with each document are current as of January 1, 1983. All documents are available in microfiche for $4.50 per document.

Address inquiries and orders to:

NTIS
5285 Port Royal Road
Springfield, VA 22161
(703) 557-4650

D. Project SHARE

Project SHARE was created by the Department of Health and Human Services in response to the need of human service organizations to have access to information on new approaches to the planning and management of human service delivery. This information clearinghouse makes available many useful documents on the development of computerized information systems in human service organizations. Many of Project SHARE's bibliographies and monographs are included in this guide and may be obtained directly from Project SHARE. Prepayment is required and checks and money orders should be made payable to Project SHARE.

Publication Prices: Bibliographies #1-#35, Monographs, the Journal of Human Services Abstracts and Occasional Papers are priced as follows:

any 1 - 3 documents	$4.00
4 - 5 documents	$5.00
6 - 8 documents	$7.00
9 - 12 documents	$10.00

More than 12 documents, add 50 cents additional per document. (Other Project SHARE documents not included in the above categories are priced as noted.)

Please Note: Those Project SHARE documents, included in this guide, that are out of stock as of June 1983 are listed as available from the National Technical Information Service (NTIS).

Mail orders with payment to: Project SHARE
P.O. Box 2309
Rockville, MD 20852
(301) 251-5170

E. Issuing Agency

Many documents are available directly from the issuing agency. For instance, most documents issued by the National Institute of Mental Health may be acquired free of charge by writing or phoning NIMH's Public Inquiry program. Not only is the GPO charge avoided, but frequently delivery time is decreased. Agency offices, clearinghouses and public inquiry programs are valuable sources for documents. Names, addresses and phone numbers are included in the Agency Section. When requesting documents from the issuing agency, be sure to include the publication number, e.g. DHHS Pub. no. (ADM) 81-1090.